# ARTICLE 33-38

# STATE TRAUMA SYSTEM



## CHAPTER 33-38-01
## TRAUMA SYSTEM REGULATION



**33-38-01-01. Definitions.** Words defined in North Dakota Century Code chapter 23-01.2 have the same meaning in this chapter. As used in this chapter:

1. "Advanced prehospital trauma life support" means the most current edition of the course as developed by the national association of emergency medical technicians in cooperation with the American college of surgeons - committee on trauma, or its equivalent, as determined by the department.

2. "Advanced trauma life support" means the most current edition of the course as developed by the American college of surgeons - committee on trauma, or its equivalent, as determined by the department.

3. "Department" means the state department of health.

4. "Emergency medical services" means the system of personnel who provide medical care from the time of injury to hospital admission.

5. "Local emergency medical services transport plans" means plans developed by emergency medical services, medical directors, and hospital officials which establish the most efficient method to transport trauma patients.

6. "Major trauma patient" means any patient that fits the trauma triage algorithm adopted by American college of surgeons, committee on trauma, Resources for Optimal Care of the Injured Patient: 1999, page 14.

7. "Provisional designation" means a state process of designating a facility as a level I, II, or III trauma center based on American college of surgeons standards for a period of up to twenty-four months, until an American college of surgeons verification visit is completed.

8. "Trauma" means tissue damage caused by the transfer of thermal, mechanical, electrical, or chemical energy, or by the absence of heat or oxygen.

9. "Trauma center" means a facility that has made a commitment to serve the trauma patient, has met the standards of the trauma system, and has obtained designation as a trauma center.

10. "Trauma code" includes the activation and assembly of the trauma team to provide care to the major trauma patient.

11. "Trauma nursing core course" means the most current edition of the course as developed by the emergency nurses association, or its equivalent, as determined by the department.

12. "Trauma quality improvement program" means a system of evaluating the prehospital, trauma center, and rehabilitative care of trauma patients.

13. "Trauma registry" includes the collection and analysis of trauma data from the trauma system.

14. "Trauma team" includes a group of health care professionals organized to provide care to the trauma patient.

**History:** Effective July 1, 1997; amended effective June 1, 2001.
**General Authority:** NDCC 23-01.2-01
**Law Implemented:** NDCC 23-01.2-01

**33-38-01-02. Trauma system.** A statewide trauma system shall be adopted by the state health council. The trauma system shall consist of the following:

1. Standardized definition of major trauma patient.

2. Trauma code activation protocols.

3. Local emergency medical services transport plans.

4. Trauma center designation process.

5. Revocation of trauma center designation process.

6. Statewide trauma registry.

7. Quality improvement process.

8. State trauma committee.

9. Four regional trauma committees.

**History:** Effective July 1, 1997.
**General Authority:** NDCC 23-01.2-01
**Law Implemented:** NDCC 23-01.2-01

**33-38-01-03. Activation of trauma codes for major trauma patients.** Emergency medical services and trauma centers shall assess patients and activate a trauma code if the patient meets the major trauma definition.

**History:** Effective July 1, 1997.
**General Authority:** NDCC 23-01.2-01
**Law Implemented:** NDCC 23-01.2-01

**33-38-01-04. Emergency medical services.** All emergency medical services licensed or certified by the department shall establish each of the following:

1. Trauma code activation protocols.

2. Trauma patient care protocols that have been reviewed and approved by a medical director.

3. Local emergency medical services transport plans.

**History:** Effective July 1, 1997.
**General Authority:** NDCC 23-01.2-01
**Law Implemented:** NDCC 23-01.2-01

**33-38-01-05. Local emergency medical services transport plans.** Emergency medical services shall develop local emergency medical services transport plans for the transport of major trauma patients by appropriate means to the nearest designated trauma center. Emergency medical services may bypass the nearest designated trauma center for a higher level trauma center provided that it does not result in an additional thirty minutes or more of transport time. If there are multiple trauma centers in the community, the major trauma patient meeting the criteria in steps one or two of the field triage decision scheme, provided by the American college of surgeons Resources for Optimal Care of the Injured Patient: 1999, page 14, should be taken to the trauma center with the highest level of designation. Theplans are subject to approval by all the participating health care entities named in the plan, then submitted for review and approval to the regional

trauma committee. Following approval, the local emergency medical services transport plans must be filed with the department and distributed to participating dispatch centers.

After activation of a trauma code, a dispatch center shall notify the necessary facilities and the emergency medical service unit shall transport the patient according to its local emergency medical services transport plan.

**History:** Effective July 1, 1997; amended effective June 1, 2001.
**General Authority:** NDCC 23-01.2-01
**Law Implemented:** NDCC 23-01.2-01

**33-38-01-06. Trauma center designation.**

1. Five levels of hospital designation must be established.

2. Hospitals applying for level I, level II, or level III designation shall present evidence of having current trauma center verification from the American college of surgeons. The department shall issue designation with an expiration date consistent with the American college of surgeons verification expiration date.

3. Hospitals applying for level IV and V trauma center designation must submit an application to the department. Once the application is approved by the department, an onsite verification visit shall be conducted by the department or its designee. The verification team shall compile a report. The application and report will be reviewed by the state trauma committee. If approved, the department shall issue the designation to the facility.

4. Hospitals without trauma center designation applying for a provisional designation must submit an application to the department. Once the application is approved by the department an onsite visit shall be conducted by a team designated by the state trauma committee. The team shall compile a report. The application and report will be reviewed by the state trauma committee. If approved, the department shall issue a provisional designation for a maximum of twenty-four months. During these twenty-four months the facility must complete an American college of surgeons verification visit.

5. The health council, in establishing a comprehensive trauma system, may designate an out-of-state hospital within fifty miles of any border of this state.

**History:** Effective July 1, 1997; amended effective June 1, 2001.
**General Authority:** NDCC 23-01.2-01
**Law Implemented:** NDCC 23-01.2-01

**33-38-01-07. Trauma center revocation of designation.** The department may revoke designation of a trauma center if evidence exists that the facility does not meet the required trauma center standards. The department or its designee may inspect any trauma center or applicant for trauma center designation at any time for compliance with the standards. Designation must be revoked if a facility denies or refuses inspection.

A trauma center that fails to maintain the standards, or voluntarily relinquishes its designation, may submit a plan for correction. Once the plan is approved by the department, the trauma center may be reinstated as a designated trauma center. Failure to follow an approved plan of correction results in revocation of the trauma center's designation.

**History:** Effective July 1, 1997.
**General Authority:** NDCC 23-01.2-01
**Law Implemented:** NDCC 23-01.2-01

**33-38-01-08. State trauma registry.** The department shall establish a trauma registry including the minimum data elements. All hospitals must report the minimum data elements to the department for patients who have an international classification of diseases, ninth revision (ICD-9) code of 800-959.9 and one of the following criteria:

1. Trauma deaths.

2. Hospital admission greater than forty-eight hours.

3. Patients admitted that go to the intensive care unit or operating room.

4. Patients transferred into or out of the hospital.

Reporting may occur electronically by downloading computer files or through completion of the North Dakota transfer form or other form approved by the department. Information may not be released from the state trauma registry except as permitted by North Dakota Century Code sections 23-01-15 and 23-01-02.1.

**History:** Effective July 1, 1997; amended effective June 1, 2001.
**General Authority:** NDCC 23-01.2-01
**Law Implemented:** NDCC 23-01.2-01

**33-38-01-09. Quality improvement process.** A quality improvement process shall be established by the state trauma committee. The process must include evaluation criteria that will provide guidelines for acceptable standards of care.

The regional committees shall evaluate the trauma system within their regions based upon the evaluation criteria. The regional trauma committee shall

make recommendations to emergency medical services and trauma centers in the development of plans to improve the system.

**History:** Effective July 1, 1997.
**General Authority:** NDCC 23-01.2-01
**Law Implemented:** NDCC 23-01.2-01

**33-38-01-10. State trauma committee membership.** The state trauma committee membership must include the following:

1. One member from the North Dakota committee on trauma - American college of surgeons, appointed by the committee.

2. One member from the American college of emergency physicians - North Dakota chapter, appointed by the chapter.

3. One member from the North Dakota health care association, appointed by the association.

4. One member from the North Dakota medical association, appointed by the association.

5. One member from the North Dakota EMS association - basic life support, appointed by the association.

6. One member from the North Dakota EMS association - advanced life support, appointed by the association.

7. One member from the North Dakota nurses association, appointed by the association.

8. One member on the faculty of the university of North Dakota school of medicine and health sciences, appointed by the dean of the medical school.

9. One member from the North Dakota emergency nurses association, appointed by the association.

10. One member from Indian health service, appointed by the Aberdeen area director of the service.

11. One member from accredited trauma rehabilitation facilities, appointed by the state health council.

12. One member who is a hospital trauma coordinator, appointed by the trauma coordinators committee.

13. The medical director of the division of emergency health services of the department.

14. The regional trauma committee chair from each region, if not representing an association.

15. Four additional members, appointed by the state health council.

**History:** Effective July 1, 1997; amended effective June 1, 2001.
**General Authority:** NDCC 23-01.2-01
**Law Implemented:** NDCC 23-01.2-01

**33-38-01-11. Trauma regions - Regional trauma committee.** The state trauma committee shall establish four trauma regions. The regions must be designated northwest, northeast, southeast, and southwest. An emergency medical service or trauma center that is located within fifteen miles [24.14 kilometers] of a regional boundary may request to function within another region. This request shall be reviewed and is subject to approval by the state trauma committee.

The state trauma committee shall appoint a regional trauma committee to serve each trauma region. The regional committees may consist of members representing the following:

1. North Dakota committee on trauma - American college of surgeons.

2. North Dakota chapter of American college of emergency physicians.

3. Physician of a level IV trauma center.

4. Level IV or V hospital representative.

5. Hospital trauma coordinator.

6. Accredited rehabilitation facility representative.

7. Indian health service or tribal government representative.

8. North Dakota EMS association.

9. Other members, chosen by the state trauma committee.

**History:** Effective July 1, 1997; amended effective June 1, 2001.
**General Authority:** NDCC 23-01.2-01
**Law Implemented:** NDCC 23-01.2-01

**33-38-01-12. Trauma center name restriction.** No health care facility in North Dakota may use the title "trauma center" or otherwise hold itself out as a

trauma center unless the facility is designated by the department as a trauma center.

**History:** Effective July 1, 1997.
**General Authority:** NDCC 23-01.2-01
**Law Implemented:** NDCC 23-01.2-01

**33-38-01-13. Level IV trauma center designation standards.** The following standards must be met to achieve level IV designation:

1. Trauma team activation plan.

2. Trauma team leader must be a current advanced trauma life support certified physician, who is on call and available within twenty minutes and has experience in resuscitation and care of trauma patients.

3. Transfer agreements as the transferring facility to a level II trauma center for major trauma care, burn care, rehabilitation service for long-term care, acute spinal cord and head injury management, and pediatric trauma management.

4. Equipment for resuscitation and life support of all ages must include:

   a. Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, including pediatrics, bag mask resuscitator, pocket masks, and oxygen.

   b. Pulse oximetry.

   c. End tidal $CO_2$ determination.

   d. Suction devices.

   e. Electrocardiograph, oscilloscope, and defibrillator.

   f. Standard intravenous fluids and administration devices, including large bore intravenous catheters.

   g. Sterile surgical sets for airway control, cricothyrotomy, vascular access, and chest decompression.

   h. Gastric decompression.

   i. Drugs necessary for emergency care.

   j. Communication with emergency medical services vehicles.

   k. Spinal stabilization equipment.

l. Thermal control equipment for patients.

m. Broselow tape.

5. Quality improvement programs, to include:

a. Focused audit of selected filters.

b. Trauma registry in accordance with section 33-38-01-08.

c. Focused audit for all trauma deaths.

d. Morbidity and mortality review.

e. Medical nursing audit, utilization review, and tissue review.

6. Trauma transfer protocol to include:

a. Triage decision scheme.

b. Trauma transport plan.

**History:** Effective June 1, 2001.
**General Authority:** NDCC 23-01.2-01
**Law Implemented:** NDCC 23-01.2-01

**33-38-01-14. Level V trauma designation standards.** The following standards must be met to achieve level V designation:

1. Trauma team activation plan.

2. Trauma team leader must be on call and available within twenty minutes, who has experience in resuscitation and care of trauma patients. The trauma team leader must be one of the following:

a. A physician who is current in advanced trauma life support.

b. A physician assistant, whose supervising physician has delegated to the physician assistant the authority to provide care to trauma patients and who has taken the trauma nursing core course, and is current in advanced prehospital trauma life support and advanced trauma life support.

c. A nurse practitioner whose scope of practice entails the care of trauma patients, has taken the trauma nursing core course, is current in advanced prehospital trauma life support and advanced trauma life support, and whose scope of practice is approved by the North Dakota board of nursing.

3. Transfer agreements as the transferring facility to a level II trauma center for major trauma care, burn care, rehabilitation service for long-term care, acute spinal cord and head injury management, and pediatric trauma management.

4. Equipment for resuscitation and life support of all ages must include:

   a. Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, including pediatrics, bag mask resuscitator, pocket masks, and oxygen.

   b. Pulse oximetry.

   c. End tidal $CO_2$ determination.

   d. Suction devices.

   e. Electrocardiograph, oscilloscope, and defibrillator.

   f. Standard intravenous fluids and administration devices, including large bore intravenous catheters.

   g. Sterile surgical sets for airway control, cricothyrotomy, vascular access, and chest decompression.

   h. Gastric decompression.

   i. Drugs necessary for emergency care.

   j. Communication with emergency medical services vehicles.

   k. Spinal stabilization equipment.

   l. Thermal control equipment for patients.

   m. Broselow tape.

5. Quality improvement programs to include:

   a. Focused audit of selected filters.

   b. Trauma registry in accordance with section 33-38-01-08.

   c. Focused audit for all trauma deaths.

   d. Morbidity and mortality review.

   e. Medical nursing audit, utilization review, and tissue review.

f. Current advanced trauma life support certified physician review of all trauma codes managed by a physician assistant or advanced nurse practitioner within forty-eight hours. This may be either the consulting or transfer receiving physician.

6. Trauma transfer protocol to include:

a. Triage decision scheme.

b. Trauma transport plan.

c. Call schedule for physician, if available.

d. Immediate telephone contact with a level II trauma center.

**History:** Effective June 1, 2001.
**General Authority:** NDCC 23-01.2-01
**Law Implemented:** NDCC 23-01.2-01